Name: _____ Date: _____

GYN

M N B O W L A X N T E B D W M D L F W U A I V H
E D E A I U B P J S O N Z D O F Z P N C L H D J
L E E X R S E E U L T R A S O U N D D F B C V N
Y S W J P C Y A N F R V E P D E X H L J B S O C
P U L W I L P T D I D R D W S K U I G V A D K B
O A R F Y O A I I F A A S X W N C I U S O G C X
C P F X N K E N O S B H X E I W I A E J V W E H
S O M E Y P J B O G N U N I N I H I M J S N E H
O N M C L V O B I N K E P E G O R J M D D W L O
P E Y R A E M S P A P F D O S A M D Q O N F C R
L M V G I S R E R L Q Q H E V N C R M B N E Y M
O I T F G C Z E K B N J U O N E Y E O Q S S C O
C R J V A H S U R E T U U Z Y O T O B H L I L N
P E V T S I G O L O C E N Y G R B T E I D C A E
T P I T V P E I N A Z F V R I V P Q Q F J R U T
L O R T N O C H T R I B U O D F E Y W N I E R H
S E H S A L F T O H F D S W N Z L S H K M X T E
K M A M M O G R A M A I U E F K A P Y G L E S R
Y Z M Y V Q L C L N S Q B E U T Z O X V M W N A
B Y V A G I N A L D R Y N E S S A I L G Y W E P
S U I B P E L V I C P A I N K R Y B F M H T M Y
T E Y Y G W H W A P P O I N T M E N T C E U Z C
R M A X E T S A E R B X Q A B V A G I N A A J A
T V D Q E T I J I U D I N S E R T I O N F Z D Y

MENSTRUAL CYCLE
BIRTH CONTROL
GYNECOLOGIST
HOT FLASHES
NEXPLANON
HORMONES
VAGINA
VAGINAL DRYNESS
IUD INSERTION
PELVIC PAIN
BREAST EXAM
MENOPAUSE
EXERCISE
OFFICE
HORMONE THERAPY
PERIMENOPAUSE
MOOD SWINGS
COLPOSCOPY
MAMMOGRAM
OVARIES
UTERUS
ENDOMETRIOSIS
BONE DENSITY
APPOINTMENT
ULTRASOUND
PAP SMEAR
BIOPSY
DIET